

Madeline D. Hatfield, JD, CHC, CHPC

Madeline@bluemountainarbitration.com

Summary

Healthcare attorney with over twelve years of experience in the healthcare industry within both the provider and payor sides, including expertise as a medical claims examiner, Surprise Billing Arbitrator, and Federal and State IDR Program Manager.

Experience

Federal Surprise Billing Arbitrator 2024 – Present

iMPROve Health IDRE

- Advises organizations on regulatory and procedural compliance, policy and training development, and trains staff on eligibility and arbitration procedures.
- Arbitrates disputes while maintaining impartiality, thoroughly reviews party position statements, and reviews objections to NSA applicability.

State Arbitration Manager January 2025 – May 2025

Maximus IDRE

- Managed state surprise billing arbitration programs for Georgia, Colorado, Virginia, Washington State, New York, and New Jersey, including serving as an assigned arbitrator and supervising staff such as arbitrators, legal professionals, quality review personnel, administrative, and clinical staff within state surprise billing dispute resolution processes.
- Ensured program compliance with federal and state laws, regulations, and rules by conducting legal research and guidance, reviewing program compliance, developing and implementing policies and procedures, assessing risks, and establishing quality auditing and monitoring metrics.

Federal No Surprises Act Policy & Arbitration Manager April 2024 - August 2024

Maximus IDRE

- Managed Federal No Surprises Act Arbitration staff, including legal staff, and quality review staff in rendering final and binding payment determinations under the Federal Independent Dispute Resolution process via NSA, ensuring compliance, quality, and timeliness. Served as individual Arbitrator in hundreds of federal NSA disputes.
- Ensured program compliance with federal and state NSA laws, regulations, and rules, to include legal research and advice, program compliance review, policy and procedure development and implementation, risk assessment, and development of quality auditing and monitoring metrics.

Senior Compliance Associate, 2023 - 2025

Humana

- Managed the Compliance team to provide regulatory compliance support for Claims Administration, Program Integrity, Fraud Waste and Abuse, Special Investigations Unit, and Risk Management teams across Medicare, Medicaid, and Commercial lines of business.
- Interprets regulations, statutes, contractual language, and state laws to deliver operational and policy guidance. Reviews policies, procedures, and program integrity programs to ensure compliance.

Risk and Benefits Administrator, Aug 2022 - Dec 2022

Missoula County, Missoula, MT

- Directed the day-to-day administration of non-federal government benefits programs, including health, dental, vision, disability, worker's compensation, life insurance, and pension plans.
- Ensured compliance with state and federal laws (ACA, HIPAA, Transparency in Coverage, and No Surprises Act) through the development of compliance programs and legal analysis and implementation.
- Negotiated network contracts with providers, ensuring network adequacy and plan fiscal integrity.
- Responded to open negotiation requests from out-of-network providers and participated in the NSA independent dispute resolution process on behalf of a non-initiating health plan.

Lead Compliance Auditor, 2020 - 2022

Logan Health

- Created and managed the Hospital's annual Audit Plan, conducting risk assessments and audits on areas like Stark and anti-kickback laws, HIPAA, Medicare and Medicaid billing, managed care contracts, reimbursement, legal compliance, and fraud prevention.

Veterans Benefits Attorney, Jan 2018 – March 2019

Veterans Advocacy Center

- Successfully advocated for veterans in securing benefits, including discharge upgrades, improved disability ratings, and access to medical care and other services. Conducted client intakes and prepared compelling appeals on adverse decisions.

Claims Examiner, 2014 - 2016

Allegiance Benefit Plan Management

- Conducted thorough review and analysis of medical, dental, vision, and disability claims to determine claim coverage and payment rate based on plan language, state, and federal rules and regulations.

Education

University of Montana School of Law, J.D.

Veterans Law Group, Treasurer

University of Montana, B.A., English, *cum laude*

Certifications and Professional Memberships

- State Bar of Montana
- Certified in Healthcare Compliance (CHC)
- Certified in Healthcare Privacy Compliance (CHPC)
- Attorney Panelist – Montana Medical Legal Panel
- Program Manager, Georgia State Arbitration
- American Health Law Association Arbitrator
- Certified Virginia Balance Billing Dispute Arbitrator
- Qualified Arbitrator – Colorado Out-of-Network Arbitration
- Washington State Balance Billing Arbitrator